ATTACHMENT 1
CDT procedure codes that no longer require an "E" indicator

Wisconsin Medicaid no longer requires an "E" indicator on the claim form for these *Current Dental Terminology* procedure codes if the procedure was provided in an emergency. Wisconsin Medicaid considers a situation to be an emergency when immediate service must be provided to relieve the recipient from pain, an acute infection, trismus, swelling, fever, or trauma.

Code	Description of Service		Code	Description of Service
D0250 00250	Extraoral — first film		D7270 07270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus
D0260 00260	Extraoral — each additional film		D7910 07910	Suture of recent small wounds up to 5 cm
D0330* 00330*	Panoramic film		D7911 07911	Complicated suture — up to 5 cm
D7210* 07210*	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth		D7912 07912	Complicated suture — greater than 5 cm
D7220* 07220*	Removal of impacted tooth — soft tissue		D9110 09110	Palliative (emergency) treatment of dental pain — minor procedure
D7230* 07230*	Removal of impacted tooth — partially bony		D9910 09910	Application of desensitizing medicament
D7240* 07240*	Removal of impacted tooth — completely bony		W7116	Open tooth for drainage
D7250* 07250*	Surgical removal of residual tooth roots (cutting procedure)		W7118	Treat periodontal abscess

*Wisconsin Medicaid may reimburse for these services in conjunction with an orthodontic treatment plan or with prior authorization for unusual non-emergency situations.